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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PU020393

First Named Inventor

Northon Rodrigues, et al.

COMPLETE IF KNOWN

Application Number

/

Filing Date

September 12, 2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Associating Notifications of the Status of a Data Network by Use of a Topology
Editor

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

9/12/2003

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/410,118	September 12, 2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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Name			JOSEPH S. TRIPOLI		
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Address			PO Box 5312		
City		State		ZIP	
PRINCETON		NJ		08543-5312	
Country		Telephone		Fax	
USA		(609-734-9404)		(609) 734 -6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name <u>1-00</u> <u>NORTHON</u>		Family Name or Surname <u>RODRIGUES</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>12-18-2000</u>	
Residence: City	State	Country	Citizenship
OREGON CITY	OREGON	US <u>OR</u>	US

Mailing Address			
18220 s. Shiloh Lane			
City	State	ZIP	Country
Oregon City	Oregon	97045	US

NAME OF SECOND INVENTOR: ☒ A petition has been filed for this unsigned inventor

Given Name <u>2-00</u> <u>LAXMAN JODUMATT</u>		Family Name or Surname <u>BHAT</u>	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
MANGALORE		INDIA <u>IN</u>	INDIAN

Mailing Address			
11-1-31 Near City Bakery, Flower Market Street			
City	State	ZIP	Country
Mangalore			India

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Address		PO Box 5312			
City		State		ZIP	
PRINCETON		NJ		08543-5312	
Country		Telephone		Fax	
USA		(609-734-9404)		(609) 734 -6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name		Date	
NORTHON		RODRIGUES			
Inventor's Signature		or Surname			
Residence: City		State		Citizenship	
OREGON CITY		OREGON		US	
Mailing Address					
18220 s. Shiloh Lane					
City		State		ZIP	
Oregon City		Oregon		97045	
Country		US			
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name		Date	
LAXMAN JODUMATT		BHAT		12-18-2003	
Inventor's Signature		or Surname			
Residence: City		State		Citizenship	
MANGALORE		INDIA		INDIAN	
Mailing Address					
11-1-31 Near City Bakery, Flower Market Street					
City		State		ZIP	
Mangalore				India	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ANIL		SHARMA	
Inventor's Signature <i>[Signature]</i>		Date 12-18-2003	
Residence: City BANGALORE	State	Country INDIA IN	Citizenship INDIAN
Mailing Address			
Mailing Address Flat No. C-1, Annapoorna Apartments, Seethapa Colony, New Thippasandra			
City Bangalore	State	ZIP	Country INDIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
KRISHNA NADH		MANEPALLI	
Inventor's Signature <i>[Signature]</i>		Date 12-18-2003	
Residence: City ANDHRA PRADESH	State	Country INDIA IN	Citizenship INDIAN
Mailing Address			
Mailing Address c/o Kalyani Fancy Stores, Main Road, Agiripalli, Krishna District			
City ANDHRA PRADESH	State	Zip	Country INDIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CHITTEPU VENKATARAMI		REDDY	
Inventor's Signature <i>[Signature]</i>		Date 12-18-2003	
Residence: City BANGALORE	State	Country INDIA IN	Citizenship INDIAN
Mailing Address			
Mailing Address No. 176, 16th Main, 7th Cross, B.T.M. 2nd State, E.W.S. Layout			
City Bangalore	State India	Zip	Country India

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Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
602		SUMA	
Inventor's Signature <u>Suma</u>		Date 12-18-2003	
Residence: City <u>BANGALORE</u>	State	Country <u>INDIA IN</u>	Citizenship <u>INDIAN</u>
Mailing Address			
Mailing Address "Anugraha", No. 33, 4th Cross, 2nd Left, Ganesha Block, Dinnur Main Road, R.T. Nagar Post			
City <u>Bangalore</u>	State	ZIP	Country <u>INDIA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
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Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Northon Rodriques et al
Title	Associating Notifications of the Status
Art Unit	of a Data Network By Use of a
Examiner Name	Topology Editor
Attorney Docket Number	PU020393

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name

Thomson Licensing Inc.

Address

Patent Operations, P.O. Box 5312

City

Princeton

State

NJ

Zip

08543-5312

Country

USA

Telephone

609-734-6811

Fax

609-734-6888

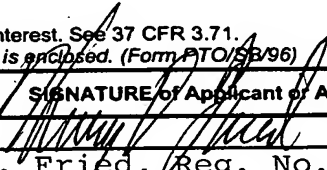
I am the:

☐

Applicant/Inventor.

☒Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	4 March 2005
Name	Harvey D. Fried, Reg. No. 28,298	Telephone	609-734-6811
Title and Company	Sr. Patent Counsel, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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THOMSON LICENSING S.A.**

We,

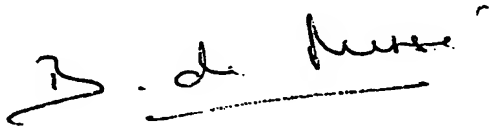
THOMSON Licensing S.A..
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.



SIGNED

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POWER OF ATTORNEY
THOMSON LICENSING S.A.

THOMSON Licensing S.A.
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

does hereby grant


Joseph J. Laks - Vice President
Irwin M. Krittman - Vice President
Harvey D. Fried - Manager
Ronald H. Kurdyla - Manager
Robert D. Shedd - Manager

Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17th day of March, 2004.

SIGNED


Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS

David Fournier

POWER OF ATTORNEY
THOMSON LICENSING S.A.

THOMSON Licensing S.A.
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

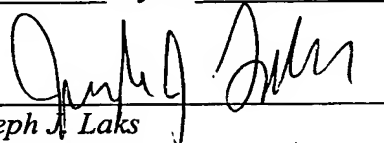
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Joel M. Fogelson
Patent Counsel
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

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DATED this 17 day of March, 2004.

SIGNED



Joseph A. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS